



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
 Telephone: (860) 713-6135

APPLICATION FOR LICENSE FOR MOBIL MANUFACTURED HOME PARK

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. This application **must be accompanied by a check or money order for the appropriate fee as listed on the bottom of this form**, made payable to: "Treasurer, State of Connecticut". **Application fees are non-refundable.** → Return your completed application and fee to:

Department of Consumer Protection, License Services, 165 Capitol Avenue, Hartford, CT 06106.

New Applications must also include:

- a copy of certification of approval by the appropriate local official or commission of compliance with State Building Code and any existing municipal ordinance or planning or zoning regulation
- a copy of the Park's rental agreement
- a copy of the aesthetic standards to be complied with in the event of the sale of the mobile home manufacturer home by the resident, and,
- a copy of the rules and regulations concerning the resident's use and occupancy of the premises

Note: Inspection by the Department of Consumer Protection is required for all new applicants prior to issuance of a license.

Application for Revisions to Existing License must include:

- a copy of any changes to the Park's rental agreement
- a copy of any changes to the aesthetic standards to be complied with in the event of the sale of the mobile home manufacturer home by the resident, and,
- a copy of any changes to the rules and regulations concerning the resident's use and occupancy of the premises

I am applying for: **New Mobile Home Park License []**

Revision to Existing Licensed Park Date in Effect: _____

Change of ownership [] Change in number of spaces []

Name of Mobile Home Park		Number of Spaces in Park
Street Address (No. & Street, City, State, Zip Code)		
Name of Licensee		
Licensee's Address (No. & Street, City, State, Zip Code)	FEIN or Social Security Number	Telephone Number
Name of Owner (if Different than Licensee)		
Owner's Address (No. & Street, City, State, Zip Code)		Telephone Number
Owner Legal Standing: Individual [] Partnership [] Corporation [] Limited Liability Company []		
Name of Attendant at Park (If not Licensee or Owner)		Telephone Number
Attendant's Address (No. & Street, City, State, Zip Code)		
Has the applicant ever been convicted of a felony crime? YES [] NO [] If yes - please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were decided and a description of the circumstances involved.		

FEES: (Fees are based on the number of spaces in the park)

NUMBER OF SPACES:

2 - 29 spaces
30 - 50 spaces
51 - 100 spaces
100 or more spaces

FEE:

\$ 125.00 base fee plus \$3.00 for each space within the park **
\$ 688.00 total fee
\$ 1063.00 total fee
\$ 1250.00 total fee

**Example: If the Park has 20 spaces, the fee would be as follows:

Base Fee	=	\$125.00
20 Spaces x \$3.00	=	\$ 60.00
Total Fee Due	=	\$ 185.00

UTILITIES

WATER

GAS

ELECTRICITY

SEWAGE:

SOURCE: _____

SOURCE: _____

SOURCE: _____

SOURCE: _____

CERTIFICATION

I, the applicant, being duly sworn according to the law, depose and say that the answers set forth in this application are true to the best of my knowledge and belief.

Signed - Licensee

Date

Signed - Notary Public

Date

My Commission Expires: _____ City and State: _____

Notary Seal: